

Journal of Interpersonal Violence

<http://jiv.sagepub.com>

Predictors of Psychological Sequelae of Torture Among South African Former Political Prisoners

Joar Øveraas Halvorsen and Ashraf Kagee

J Interpers Violence 2010; 25; 989 originally published online Aug 27, 2009;

DOI: 10.1177/0886260509340547

The online version of this article can be found at:
<http://jiv.sagepub.com/cgi/content/abstract/25/6/989>

Published by:



<http://www.sagepublications.com>

On behalf of:

American Professional Society on the Abuse of Children

Additional services and information for *Journal of Interpersonal Violence* can be found at:

Email Alerts: <http://jiv.sagepub.com/cgi/alerts>

Subscriptions: <http://jiv.sagepub.com/subscriptions>

Reprints: <http://www.sagepub.com/journalsReprints.nav>

Permissions: <http://www.sagepub.com/journalsPermissions.nav>

Citations <http://jiv.sagepub.com/cgi/content/refs/25/6/989>

Predictors of Psychological Sequelae of Torture Among South African Former Political Prisoners

Journal of Interpersonal Violence

25(6) 989–1005

© The Author(s) 2010

Reprints and permission: <http://www.sagepub.com/journalsPermissions.nav>

DOI: 10.1177/0886260509340547

<http://jiv.sagepub.com>



Joar Øveraas Halvorsen¹
and Ashraf Kagee²

Abstract

The present study investigated potential predictors of the psychological sequelae of torture among 143 former political activists who had been detained during the apartheid era in South Africa. Using multiple regression analyses, the authors found that the number of times detained for political reasons, negative social support, strong religiousness, female gender, and number of days detained significantly predicted psychological distress and symptoms of traumatization as measured by the Harvard Trauma Questionnaire (adjusted $R^2 = .183$) and the Hopkins Symptom Checklist-25 (adjusted $R^2 = .152$). The number of times detained for political reasons, negative social support, strong religiousness, and female gender emerged as salient risk factors for psychological distress, whereas duration of

¹Centre on Violence, Traumatic Stress and Suicide Prevention, Trondheim, Norway

²Stellenbosch University, South Africa

Corresponding Author:

Joar Øveraas Halvorsen, Centre on Violence, Traumatic Stress and Suicide Prevention, St. Olavs Hospital, Trondheim University Hospital, Schwachs gate 1, N-7030 Trondheim, Norway
E-mail: joar.overaas.halvorsen@stolav.no

imprisonment appeared to protect against posttraumatic symptoms. This article discusses these results in terms of the current research on factors associated with traumatization.

Keywords

torture, political detainees, PTSD, social support, religiousness, political attitudes

The torture of political detainees as a means of oppression during the apartheid era in South Africa is well documented (Catholic Institute for International Relations, 1982; Foster, Davis, & Sandler, 1987; United Nations, 1973), and the question of whether South African antiapartheid activists who were abused and tortured in detention during the apartheid era continue to experience symptoms of psychological trauma remains an important issue for that country's mental health profession.

The experience of torture has been shown to have a severe impact on the survivors' mental health, particularly in terms of the diagnoses of posttraumatic stress disorder (PTSD) and major depression (Basoglu, Paker, Paker, et al., 1994; Mollica et al., 1998; Van Ommeren et al., 2001). Although a robust relationship between experience of torture and symptoms of traumatization has been demonstrated (Basoglu, Paker, Ozmen, Tasdemir, & Sahin, 1994; Mollica et al., 1998; Shrestha et al., 1998), specific risk factors may play an important role in the expression of symptoms.

Longer stay in prison has been found to be a protective factor against anxiety, depression, and PTSD in torture survivors. This may be due to the availability of opportunities for emotional support and sharing of the traumatic experiences with other prisoners, and by the fact that survivors may be able to make their captivity meaningful in continuing their political struggle (Basoglu & Parker, 1995).

Social support is thought to have protective effects on torture survivors' mental health (Holtz, 1998; Shrestha et al., 1998), and among both tortured refugees and nonrefugees received social support has been found to predict low levels of depression (Emmelkamp, Komproe, Van Ommeren, & Schagen, 2002). The lack of social support has been found to be associated with anxiety and depression scores, but not PTSD symptoms, among Turkish torture survivors (Basoglu, Paker, Ozmen, et al., 1994). However, a more complex relationship between social support and mental health sequelae of traumatic experiences has been found in Western populations when distinguishing between positive and negative social support, where

negative social support has been found to be a superior predictor of PTSD and depression in trauma-exposed populations compared to positive support (Ullman & Filipas, 2001; Zoellner, Foa, & Brigid, 1999).

The level of commitment and ideological awareness of the torture survivor may influence the appraisal of the traumatic experience (Kagee, 2002). Tortured political activists have been found to show fewer symptoms of anxiety, depression, and PTSD than tortured nonactivists, despite relatively more severe torture (Basoglu et al., 1997), indicating that belief systems and political ideology may have a possible protective role (Basoglu et al., 1996). Other studies have also found that political commitment is associated with superior long-term mental health outcomes (Ehlers, Maercker, & Boos, 2000; Holtz, 1998). However, although ideological commitment can have protective effects with reference to symptomatology in survivors of political violence, these protective effects may be lost when the person is overwhelmed by the event (Punamaki, 1996). Kanagaratnam, Raundalen, and Asbjørnsen (2005) found that ideological commitment is a superior predictor of mental health when traumatic exposure is less intense and overwhelming. Furthermore, these authors point out that ideology might weaken with time.

Religious beliefs might also influence the sequelae of traumatic experiences, and in a sample of tortured Bhutanese refugees, Buddhist religion was found to be a protective factor for both depression and anxiety but not PTSD (Shrestha et al., 1998).

Other factors that have been found to influence the psychological sequelae of torture are female gender (Shrestha et al., 1998; Van Ommeren et al., 2001), lower education (Basoglu et al., 1997; Carlsson, Olsen, Mortensen, & Kastrup, 2006), and employment status (Carlsson et al., 2006).

In this article, we examine the role of imprisonment, social support, religiosity, and political attitudes in predicting symptoms of traumatization and psychological distress in a sample of South African former political detainees. To our knowledge, these issues have not been addressed by previous research among South African former political detainees.

Method

Participants

The present sample consisted of 143 Black South African former political prisoners. All participants had been detained by security forces for political reasons during the apartheid era and subjected to physical and/or psychological abuse and torture while in detention. The sample consisted of 66%

men ($n = 94$) and 31.9% women ($n = 46$). Three participants did not respond to the item asking about gender. The current age of the participants ranged from 23 to 79 years ($M = 42.57$, $SD = 9.46$). The number of times the participants had been detained for political reasons varied from a minimum of 1 time to a maximum of 15 times ($M = 2.27$, $SD = 1.7$). Approximately, 30% had been detained once, whereas 31.5% had been detained twice, and approximately 25% had been detained 3 times or more. The shortest time anyone had been detained for was 1 day, whereas the longest was 1,590 days ($M = 172.57$, $SD = 235.04$). The youngest age at detention was 7 years, whereas the oldest was 60 years ($M = 25.15$, $SD = 9.57$). A majority of the participants were married or living with a significant other (43.4%), or single (54.5%). The great majority of the participants were unemployed or disabled (59.4%), whereas a substantial minority of the participants were either employed part-time or full time (21.7% and 14%, respectively). Of the participants who knew their family's annual income, 28.7% reported that they earned less than R12,000 a year.

Procedure

The participants were recruited by means of convenience and snowball sampling through a counseling center in Cape Town, an organization for former political prisoners, announcements on a community radio station, and advertisements in a local community newsletter. Initial interviews were held with each person who expressed an interest in participating to ensure that he or she met the criteria for participation. Respondents were invited to participate in the study only if they had been detained by security forces for political reasons during the apartheid era, and if they had experienced physical and/or psychological torture or abuse while in detention. Each participant was offered US\$17 (R120) as an incentive to participate. The aim of the study was explained to all the participants, and they were asked to complete an informed consent form. A male research assistant administered the instruments after receiving appropriate training in their use. Participants completed the instruments in previously organized community or church halls or at the offices of the counseling center. They were asked to respond to the questionnaires with only their experiences of abuse and torture in mind rather than any other traumatic experiences they may have experienced in their lives. All participants were literate and were able to understand written and spoken English, which minimize the possible problems with the cultural specificity of the measures used. The participants were also informed of their right to refuse to answer any question or terminate their participation at any point.

Those participants who were identified as being psychologically distressed during or following their participation were offered a referral to a local counseling agency that specialized in trauma work. Participants were assured of the confidentiality of their responses.

Instruments

Demographic questionnaire. A questionnaire was administered to participants that inquired about various demographic variables, including educational level, income, and spoken languages.

Psychological distress. The 25-item version of the Hopkins Symptom Checklist (HSCL-25; Mollica, Wyshak, de Marneffe, Khuon, & Lavelle, 1987) was used to assess global psychological distress. Mollica et al. (1987) reported that respondents with depression scores higher than a mean of 1.75 were classified as having a clinical depression. Respondents scoring higher than 1.75 on the total scale, the anxiety subscale, or the depression subscale were classified as having significant emotional distress (Mollica et al., 1987). For the present study, the internal consistency of the HSCL-25 as measured by Cronbach's alpha was .96.

Posttraumatic stress symptoms. The 15-item Impact of Events Scale (IES; Horowitz, Wilner, & Alvarez, 1979) was used as one method to assess symptoms of posttraumatic stress. This scale provided an assessment of symptoms of traumatization focused on intrusive thoughts and avoidant behaviors. For the present study, the internal consistency of the IES as measured by Cronbach's alpha was .96 for the full scale. A total score of 19 or more is thought to signify significant clinical distress (Wohlfarth, van den Brink, Winkel, & ter Smitten, 2003).

The trauma symptoms section of Harvard Trauma Questionnaire (HTQ; Mollica et al., 1992) was used to assess the extent and intensity of participants' sequelae to abuse in detention. The trauma symptoms section included 30 symptom-items related to the torture and trauma experience (hereinafter referred to as HTQ)—16 of which were derived from the *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed., revised [DSM-III-R]; American Psychiatric Association, 1987) criteria for PTSD (hereinafter referred to as HTQ-PTSD), and 14 additional items were derived from clinical studies and clinical experience. For the present study, the internal consistency of trauma symptoms subscale of the HTQ was .95. Mollica et al. (1992) selected a cutoff score of 75 (a mean score of 2.5) to maximize classification accuracy of PTSD. The sensitivity and specificity for the HTQ was satisfactory (Mollica et al., 1992).

Social support. This questionnaire consisted of six items meant to measure positive social support and three items measuring negative social support. The respondents were asked to answer in reference to the person who is the main source of support in their lives. Examples of questions meant to measure positive social support were as follows: "How much does he/she understand the way you feel and think about things?" "How much does he/she appreciate you?" and "How much could you open up to him/her if you needed to talk about your worries?" The three items meant to measure negative social support were "How often does he/she make you feel tense?" "How often does he/she criticize you?" and "How often does he/she let you down when you are counting on him/her?" The respondents had to indicate their level of social support on a 4-point scale, ranging from 1 (*not at all*) to 4 (*a lot*). Negative item valences were reversed. The internal validity of the positive social support subscale was .79 and the Cronbach's coefficient alpha of the negative social support subscale was .68.

Religiosity. The questionnaire measuring religiosity consisted of nine items. Examples of items were as follows: "I consider my religious faith to play an important role in my life," "I am a religious person," "I get comfort and strength from my religion," "I often pray to God outside of religious services," and so on. Participants had to indicate their religiosity on a 5-point scale, ranging from 1 (*completely disagree*) to 5 (*completely agree*). The internal validity was .94.

Political attitudes. This part, intended to measure the respondent's level of adherence to the antiapartheid movement, consisted of five items (e.g., "During the antiapartheid era, I would have given my life for the struggle against apartheid," "I feel that my personal suffering for the antiapartheid cause has been worth it," "In thinking about what I have done for the fight against apartheid I feel proud"). The respondents had to indicate their adherence to the antiapartheid movement on a 5-point scale (1 = *strongly disagree* to 5 = *strongly agree*). The internal consistency for this questionnaire, as measured by the Cronbach's coefficient alpha, was .78.

Results

Seventy-seven (52.03%) of the 143 respondents had an average score of 2.5 or more on the HTQ. On the 16-item PTSD subscale of the HTQ, 83 (58.04%) respondents had an average score above 2.5. A total of 115 (80.45%) respondents scored above the cutoff score of 1.75 for the HSCL-25. Furthermore, 112 (78.32%) respondents scored above the cutoff score for clinical depression on the depression subscale, and 119 (83.22%) respondents

Table 1. Clinical Measure Cutoff Score Compared to Sample Mean Score

Measure	Cutoff Score	<i>M</i>	<i>SD</i>	<i>t</i>
HTQ	2.50	2.53	0.70	0.45
HTQ-PTSD	2.50	2.61	0.73	1.84
HSCL-25	1.75	2.56	0.79	12.30*
HSCL-depression	1.75	2.54	0.83	11.30*
HSCL-anxiety	1.75	2.60	0.86	11.80*
IES	19	22.47	7.93	5.23*

HTQ = Harvard Trauma Questionnaire; PTSD = posttraumatic stress disorder; HSCL = Hopkins Symptom Checklist; IES = Impact of Events Scale.

* $p < .01$.

scored above the cutoff score on the anxiety subscale. Nearly all the participants (97.6%) who met the criteria for a PTSD diagnosis according to the cutoff score proposed by Mollica et al. (1992) also scored above the cutoff score on the HSCL-25 depression subscale. A total of 109 (76.22%) had a total score of 19 or more on the IES.

As can be seen from Table 1, the mean of the total sample on the different measures are significantly higher than the respective cutoff scores, except on the HTQ and HTQ-PTSD.

Overall, the sample reported high levels of positive social interactions (range 1-4, $M = 3.69$, $SD = 0.47$), moderate levels of negative social support (range 1-4, $M = 2.15$, $SD = 0.83$), relatively strong religiousness (range 1-5, $M = 3.95$, $SD = 0.92$), and very strong adherence to the antiapartheid political movement (range 1-5, $M = 4.53$, $SD = 0.60$).

Correlations between the clinical measures were high and significant (see Table 2). Table 2 also presents correlations between the clinical measures and different sociodemographic variables.

As can be seen from Table 2, there was a significant association between current work situation and IES and the intrusion subscale. We found a significant difference between the groups (employed, employed part-time, unemployed/disabled) scores on the intrusion subscale, $F(2, 133) = 4.50$, $p = .013$. The Bonferroni post hoc test showed that being unemployed was associated with significantly higher scores on the intrusion subscale of the IES compared to being employed full time ($p = .01$).

Furthermore, there was a significant correlation between the number of times the respondents had been detained for political reasons and the HTQ and the HTQ-PTSD (see Table 2). Using a one-way ANOVA, we found a significant difference between the groups (detained once, detained twice,

Table 2. Correlational Analyses of Clinical Measures and Sociodemographic Variables

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1. HTQ																
2. HTQ-PTSD	.95**															
3. HSCL-25	.85**	.79**														
4. HSCL-depression	.80**	.70**	.95**													
5. HSCL-anxiety	.80**	.78**	.92**	.77**												
6. IES	.41**	.38**	.44**	.42**	.36**											
7. IES-avoidance	.36**	.35**	.37**	.36**	.28**	.88**										
8. IES-intrusion	.43**	.39**	.46**	.44**	.39**	.86**	.60**									
9. Female	.10	.03	.19*	.19*	.16	.08	.00	.11								
10. Current age	.07	.05	.09	.10	.05	.05	.13	-.07	.02							
11. Marital status	.04	-.05	.11	.15	.04	.16	.07	.19*	.26**	-.20*						
12. Current work situation	.02	-.05	.01	.03	-.03	.20*	.15	.23**	.12	-.06	.34**					
13. Level of education	.06	.04	.05	.03	.04	.06	.16	.03	.04	.26**	-.09	.18*				

(continued)

Table 2. (continued)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
14. Annual family income	.20	.11	.14	.18	.07	.05	.10	.02	.17	-.01	.18	.40**	.35**			
15. Number of times detained	.24**	.22*	.17	.14	.16	.13	.15	.13	-.20*	-.04	-.07	-.04	.13	.07		
16. Number of days detained	-.12	-.14	-.04	-.01	-.08	.04	-.04	.03	-.12	.14	.06	.01	-.08	.02	.21*	
17. Age at first detention	.06	.04	.12	.13	.06	.02	.07	-.06	.11	.56**	-.10	-.06	.18*	.08	.01	.00

HTQ = Harvard Trauma Questionnaire; PTSD = posttraumatic stress disorder; HSCL = Hopkins Symptom Checklist; IES = Impact of Events Scale.

* $p < .05$. ** $p < .01$.

detained three times or more) in their scores on both the HTQ, $F(2, 121) = 3.85, p = .024$, and the HTQ-PTSD, $F(2, 121) = 3.32, p = .04$. A Bonferroni post hoc test showed that there was a significant difference between being detained once and three times or more on both the HTQ ($p = .02$) and the HTQ-PTSD ($p = .039$), indicating that being detained three times or more was associated with significantly higher scores on both the HTQ and the HTQ-PTSD compared to only being detained once.

Stepwise multiple regression analyses were performed with the clinical measures as outcome variables. Variables to be included in the models as predictors were selected on the background of previous research and the foregoing correlational analyses. Predictor variables in all the models were gender, current work situation, marital status, level of education, number of times detained for political reasons, duration of imprisonment, positive social support, negative social support, religiousness, and political attitudes. Due to the relatively low number of respondents, we had to be selective as to which variables to include as predictors in the analyses. Table 3 presents the predictors that explained a significant amount of the outcome on the respective clinical measures.

Discussion

One of the main findings that emerged from the present study is that the sample displayed elevated levels of psychiatric morbidity and comorbidity as assessed by the self-report instruments that were administered. Furthermore, the number of times detained for political reasons, negative social support, strong religiousness, and female gender were found to be salient risk factors for high levels of psychopathology. The number of days detained were found to be a protective factor for posttraumatic distress.

Despite the high level of endorsement of symptoms experienced by the sample, it is important to note that self-report instruments have low sensitivity and specificity to detect caseness for common mental disorders (Coyne, Thompson, Palmer, Kagee, & Maunsell, 2000). Moreover, it is possible that the demand characteristics associated with the assessment context may have encouraged participants to endorse the scale items in the scoreable direction (see Kagee, 2002, for a discussion of demand characteristics in the context of the present sample). Also, appropriate cutoff scores for the instruments used in a South African context have not been established. Despite these caveats, the data obtained in the present study suggest that the experience of abuse during detention will result in psychological sequelae in a substantial number of survivors.

Table 3. Summary of Stepwise Regression Analyses for Variables Predicting Outcome on Clinical Measures

Outcome Variable	Predictor Variable	B	SE B	β	Adjusted R^2	F
HTQ						
	Number of times detained	.330	.083	.364**	.183	6.71**
	Religiousness	.157	.065	.216*		
	Negative social support	.187	.078	.216*		
	Number of days detained	-.122	.059	-.187*		
HTQ-PTSD						
	Number of times detained	.334	.091	.347**	.140	6.55**
	Negative social support	.215	.085	.235*		
	Number of days detained	-.131	.064	-.191*		
HSCL-25						
	Negative social support	.290	.089	.300**	.152	7.09**
	Number of times detained	.312	.095	.307**		
	Female	.396	.165	.224*		
HSCL-anxiety						
	Negative social support	.349	.095	.339**	.141	9.35**
	Number of times detained	.264	.100	.245**		
HSCL-depression						
	Number of times detained	.295	.101	.277**	.125	5.85**
	Negative social support	.253	.095	.249**		
	Female	.470	.176	.254**		

HTQ = Harvard Trauma Questionnaire; PTSD = posttraumatic stress disorder; HSCL = Hopkins Symptom Checklist.

* $p < .05$. ** $p < .01$.

Although the respondents were explicitly instructed to answer the questions in reference to their experiences in detention, the sources of emotional distress are likely to be multifold. As the sample was predominantly poor and a majority was unemployed, the distress reported may be aggravated by economic difficulties and other structural and contextual difficulties, such as poor living conditions and a lack of social advancement in postapartheid society. Indeed, those who were unemployed had significantly more problems with intrusion compared to those employed full-time, indicating that unemployment may be a risk factor for at least some posttraumatic distress.

The present study found that being detained three times or more, compared to only once, was a risk factor for more posttraumatic distress. This may be taken as an indication that multiple traumatization is a risk factor for developing more severe posttraumatic symptomatology. This finding is in

keeping with previous research indicating a positive association between cumulative traumatic experiences and subsequent severity of symptoms (Mollica et al., 1998). However, longer duration of imprisonment, as measured by number of days detained, emerged as a protective factor against posttraumatic symptoms. In keeping with these results, Basoglu and Paker (1995) found that longer duration in captivity has a protective effect against anxiety, depression, and PTSD in torture survivors. The availability of opportunities for emotional support and sharing of the traumatic experiences with other prisoners, and by the fact that the survivors might be able to make their captivity meaningful in continuing their political struggle while in detention can potentially explain these results.

In contrast to previous research among torture survivors, the present study found that negative social support is a superior predictor of trauma-related distress than positive social support. Negative social support, measured by three items asking the respondents how often their main source of social support made them feel tense, criticized them, or let them down, was found to be a significant predictor of the outcome on all the clinical measures and was as such one of the most stable predictors in the present sample. Although a new finding among torture survivors, this is in line with previous research among sexual assault survivors in Western countries (Ullman & Filipas, 2001; Zoellner et al., 1999). Furthermore, negative social interactions are not only significantly associated with PTSD severity after trauma but also significantly associated with distress due to subsequent stressors (Dirkzwager, Bramsen, & van der Ploeg, 2003). As noted, the present sample was predominantly poor and most likely faces many structural and contextual difficulties in their everyday life. Accordingly, the negative social interactions may not only exacerbate severity of psychopathology stemming directly from their experiences in detention, but it likely also exacerbates distress originating from structural and contextual difficulties.

Contrary to popular notions, religiousness was not found to have a protective effect on the respondents' mental health but appeared rather to be a salient risk factor for psychological distress. The studies finding that religious beliefs have protective effects on survivors' mental health has primarily been conducted on Buddhist samples (e.g., Shrestha et al., 1998). Preliminary results indicate that Buddhist beliefs may have more protective effects on survivors' mental health compared to other religious beliefs (Keller et al., 2006). The inability of the present research to replicate previous findings might therefore be due to the samples' religious affiliations. Furthermore, although this is a new finding among torture survivors, research in Western samples have consistently found that religiousness predicts more

posttraumatic distress (Connor, Davidson, & Lee, 2003; Maercker & Herrle, 2003; Witvliet, Phipps, Feldman, & Beckham, 2004). However, due to the cross-sectional nature of the study, causality cannot be firmly established. It might very well be that survivors who experience severe symptoms of traumatization turn to religious beliefs for refuge and comfort.

There may be several reasons for the apparent lack of association between political attitudes and psychopathology. It is surprising that there were no significant protective effects of political commitment on mental health, as the sample had such high levels of adherence to the antiapartheid movement. It may be, as proposed by Punamaki (1996) and Kanagartnam et al. (2005), that the traumatic experiences of the present sample have been so intense and overwhelming that the ideological commitment to the anti-apartheid movement could not protect the respondents' mental health. The fact that many participants have remained poor since the transition to democracy suggests that they may have felt that their sacrifices as activists have not been worthwhile. Many may be disappointed with the political and economic situation in present-day South Africa (Kagee, 2004). Finding meaning in a traumatic event is important to decrease the level of distress following the experience, but it has been suggested that in the long run finding benefit in the experiences are more important for healthy adjustment (Davis, Nolen-Hoeksema, & Larson, 1998). It is possible that the former political prisoners find meaning in the ordeals they went through as a part of the struggle against apartheid. However, since many survivors are dissatisfied with the present-day economic and political situation in South Africa, it might be that they are not able to find any benefit in their ordeals and their fight against the apartheid regime.

There are several possible limitations to the present study. The main limitation is the cross-sectional nature of the study, which precludes definitive conclusions regarding causality. The procedures used for sampling of participants in this study, for example, snowball sampling, do not ensure randomization and this may preclude the generalization of the results. Moreover, the high prevalence of psychiatric morbidity in studies on torture survivors may stem partially from demand characteristics (Kagee, 2004). Furthermore, the appropriate cutoff points for the instruments used to measure severity of symptoms have not been established in the population of South African former political detainees. This lack of standardization may have introduced some bias in the estimation of psychiatric disturbance among the sample. Also, our measures of social support, political attitudes, and religiosity are not standardized measures and therefore their validity is unknown. However, they have adequate reliability and good face validity. A

further limitation is that the battery of questionnaires did not include questions regarding the torture methods experienced and their perceived severity. Such information would have given the possibility to explore the contribution of different torture methods to the variation in symptom severity. However, we believe that the number of times detained for political reasons can be seen as a good indicator of number of traumas experienced in relation to imprisonment.

Despite its limitations, the present study substantiates the existing research as to the severe negative mental health effects of political imprisonment and torture. However, although imprisonment and torture strongly predicts posttraumatic distress, other factors are also important in determining the psychological sequelae of torture. Clinicians should not automatically expect social support, religiousness, and political attitudes to have protective effects on torture survivors' mental health. Instead, these domains should be assessed properly to detect their significance in the survivors' life. It might be more important to curtail negative social support from the survivor's social network than to stimulate and enhance positive social support.

Declaration of Conflicting Interests

The authors declared that they had no conflicts of interests with respect to their authorship or the publication of this article.

Funding

The authors disclosed receipt of the following financial support for the research and/or authorship of this article: Ashraf Kagee gratefully acknowledges financial support from the Solomon Asch Center for the Study of Ethnopolitical Conflict, the Harry Frank Guggenheim Foundation, and the United States Institute of Peace.

References

- American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental disorders* (3rd ed., revised). Washington, DC: Author.
- Basoglu, M., Mineka, S., Paker, M., Aker, T., Livanou, M., & Gok, S. (1997). Psychological preparedness for trauma as a protective factor in survivors of torture. *Psychological Medicine*, 27, 1421-1433.
- Basoglu, M., & Paker, M. (1995). Severity of trauma as predictor of long-term psychological status in survivors of torture. *Journal of Anxiety Disorders*, 9, 339-350.
- Basoglu, M., Paker, M., Ozmen, E., Tasdemir, O., & Sahin, D. (1994). Factors related to long-term traumatic stress responses in survivors of torture in Turkey. *Journal of the American Medical Association*, 272, 357-363.

- Basoglu, M., Paker, M., Ozmen, E., Tasdemir, O., Sahin, D., Ceyhanli, A., et al. (1996). Appraisal of self, social environment, and state authority as a possible mediator of posttraumatic stress disorder in tortured political activists. *Journal of Abnormal Psychology, 105*, 232-236.
- Basoglu, M., Paker, M., Paker, O., Ozmen, E., Marks, I., Incesu, C., et al. (1994). Psychological effects of torture: A comparison of tortured with nontortured political activists in Turkey. *American Journal of Psychiatry, 151*, 76-81.
- Carlsson, J. M., Olsen, D. R., Mortensen, E. L., & Kastrup, M. (2006). Mental health and health-related quality of life: A 10-year follow-up of tortured refugees. *Journal of Nervous and Mental Disease, 194*, 725-731.
- Catholic Institute for International Relations, Human Rights Forum, & International Commission of Jurists. (1982). *Torture in South Africa: Recent documents*. Nottingham, UK: Russell Press.
- Connor, K. M., Davidson, J. R. T., & Lee, L. (2003). Spirituality, resilience, and anger in survivors of violent trauma: A community survey. *Journal of Traumatic Stress, 16*, 487-494.
- Coyne, J., Thompson, R., Palmer, S., Kagee, A., & Maunsell, E. (2000). Should we screen for depression? Caveats and potential pitfalls. *Applied & Preventive Psychology, 9*, 101-121.
- Davis, C. G., Nolen-Hoeksema, S., & Larson, J. (1998). Making sense of loss and benefiting from the experience: Two construals of meaning. *Journal of Personality and Social Psychology, 75*, 561-574.
- Dirkzwager, A. J. E., Bramsen, I., & van der Ploeg, H. M. (2003). Social support, coping, life events, and posttraumatic stress symptoms among former peacekeepers: A prospective study. *Personality and Individual Differences, 34*, 1545-1559.
- Ehlers, A., Maercker, A., & Boos, A. (2000). Posttraumatic stress disorder following political imprisonment: The role of mental defeat, alienation, and perceived permanent change. *Journal of Abnormal Psychology, 109*, 45-55.
- Emmelkamp, J., Komproe, I. H., Van Ommeren, M., & Schagen, S. (2002). The relation between coping, social support, and psychological and somatic symptoms among torture survivors in Nepal. *Psychological Medicine, 32*, 1465-1470.
- Foster, D., Davis, D., & Sandler, D. (1987). *Detention and torture in South Africa: Psychological, legal, and historical studies*. Cape Town, South Africa: David Philip.
- Holtz, T. H. (1998). Refugee trauma versus torture trauma: A retrospective controlled cohort study of Tibetan refugees. *Journal of Nervous and Mental Disease, 186*, 24-34.
- Horowitz, M., Wilner, N., & Alvarez, W. (1979). Impact of Event Scale: A measure of subjective stress. *Psychosomatic Medicine, 41*, 209-218.
- Kagee, A. (2002). Political torture in South Africa: Psychological considerations in the assessment, diagnosis, and treatment of survivors. In B. C. Wallace &

- R. T. Carter (Eds.), *Understanding and dealing with violence: A multicultural approach* (pp. 271-290). Thousand Oaks, CA: Sage.
- Kagee, A. (2004). Present concerns of survivors of human rights violations in South Africa. *Social Science & Medicine*, 59, 625-635.
- Kanagaratnam, P., Raundalen, M., & Asbjørnsen, A. E. (2005). Ideological commitment and posttraumatic stress in former Tamil child soldiers. *Scandinavian Journal of Psychology*, 46, 511-520.
- Keller, A., Lhewa, D., Rosenfeld, B., Sachs, E., Aladjem, A., Cohen, I., et al. (2006). Traumatic experiences and psychological distress in an urban refugee population seeking treatment services. *Journal of Nervous and Mental Disease*, 194, 188-194.
- Maercker, A., & Herrle, J. (2003). Long-term effects of the Dresden bombing: Relationships to control beliefs, religious beliefs, and personal growth. *Journal of Traumatic Stress*, 16, 579-587.
- Mollica, R. F., Caspi-Yavin, Y., Bollini, P., Truong, T., Tor, S., & Lavelle, J. (1992). The Harvard Trauma Questionnaire: Validating a cross-cultural instrument for measuring torture, trauma, and posttraumatic stress disorder in Indochinese refugees. *Journal of Nervous and Mental Disease*, 180, 111-116.
- Mollica, R. F., McInnes, K., Pham, T., Fawzi, M. C. S., Murphy, E., & Lin, L. (1998). The dose-effect relationship between torture and psychiatric symptoms in Vietnamese ex-political detainees and a comparison group. *Journal of Nervous and Mental Disease*, 186, 543-553.
- Mollica, R. F., Wyshak, G., de Marneffe, D., Khuon, F., & Lavelle, J. (1987). Indochinese version of the Hopkins Symptom Checklist-25: A screening instrument for the psychiatric care of refugees. *American Journal of Psychiatry*, 144, 497-500.
- Punamaki, R. (1996). Can ideological commitment protect children's psychosocial well-being in situations of political violence? *Child Development*, 67, 55-69.
- Shrestha, N. M., Sharma, B., Van Ommeren, M., Regmi, S., Makaju, R., Komproe, I., et al. (1998). Impact of torture on refugees displaced within the developing world: Symptomatology among Bhutanese refugees in Nepal. *Journal of the American Medical Association*, 280, 443-448.
- Ullman, S. E., & Filipas, H. H. (2001). Predictors of PTSD symptom severity and social reactions in sexual assault victims. *Journal of Traumatic Stress*, 14, 369-389.
- United Nations. (1973). *Maltreatment and torture of prisoners in South Africa: Report of the special committee on apartheid*. New York: United Nations Publication.
- Van Ommeren, M., de Jong, J. T. V. M., Sharma, B., Komproe, I., Thapa, S. B., & Cardena, E. (2001). Psychiatric disorders among tortured Bhutanese refugees in Nepal. *Archives of General Psychiatry*, 58, 475-482.

- Witvliet, C. V.O., Phipps, K. A., Feldman, M. E., & Beckham, J. C. (2004). Posttraumatic mental and physical health correlates of forgiveness and religious coping in military veterans. *Journal of Traumatic Stress, 17*, 269-273.
- Wohlfarth, T. D., van den Brink, W., Winkel, F. W., & ter Smitten, M. (2003). Screening for posttraumatic stress disorder: An evaluation of two self-report scales among crime victims. *Psychological Assessment, 15*, 101-109.
- Zoellner, L. A., Foa, E. B., & Brigidi, B. D. (1999). Interpersonal friction and PTSD in female victims of sexual and nonsexual assault. *Journal of Traumatic Stress, 12*, 689-700.

Bios

Joar Øveraas Halvorsen, cand. psychol., is an authorized clinical psychologist working at the Centre on Violence, Traumatic Stress and Suicide Prevention, St. Olav's University Hospital. His areas of clinical and research interest are the documentation and treatment of the psychological sequelae of interpersonal violence, the relationship between psychology and human rights, and cross-cultural psychology. He is a member of the Human Rights Committee of the Norwegian Psychological Association.

Ashraf Kagee is a professor of psychology at Stellenbosch University. His areas of interest are posttraumatic stress, the behavioral aspects of HIV and AIDS, and evidence-based practice in psychology.